

IHCP *banner page*

INDIANA HEALTH COVERAGE PROGRAMS

BR202315

APRIL 11, 2023

IHCP adds procedure codes linked to revenue code 762

Effective immediately, the Indiana Health Coverage Programs (IHCP) will link the Current Procedural Terminology (CPT^{®1}) codes in [Table 1](#) to revenue code 762 – *Specialty services – observation hours*. These linkages apply to fee-for-service (FFS) claims with dates of service (DOS) on or after Jan. 1, 2023.

Outpatient FFS claims submitted for DOS on or after Jan. 1, 2023, for the procedure codes in Table 1, may have been denied incorrectly with explanation of benefits (EOB) 520 – *Invalid revenue code and procedure code combination*.

The claim-processing system has been updated and claims will be mass adjusted or reprocessed. Providers should see adjusted or reprocessed claims on Remittance Advices (RAs) beginning May 17, 2023, with internal control numbers (ICNs)/Claim IDs that begin with 52 (mass replacements non-check related) or 80 (reprocessed denied claims).

For DOS prior to Jan. 1, 2023, the IHCP followed national guidance for procedure codes linked to revenue code 762. A complete list of procedure code linkages for revenue code 762, including the new IHCP-specific linkages in Table 1, will be reflected in the next regular update to the Outpatient Fee Schedule, accessible from the [IHCP Fee Schedules](#) page at in.gov/medicaid/providers, and in *Revenue Codes With Special Procedure Code Linkages*, accessible from the page at in.gov/medicaid/providers.

This billing and reimbursement information applies to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish billing and reimbursement criteria within the managed care delivery system. Questions about managed care billing or reimbursement should be directed to the MCE with which the member is enrolled.

Note: This banner page article has been updated. See IHCP Bulletin [BT202367](#).



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Table 1 – CPT codes linked to revenue code 762, effective Jan. 1, 2023

Procedure code	Description
99221	Initial hospital care with straightforward or low level of medical decision making, per day, if using time, at least 40 minutes
99222	Initial hospital care with straightforward or low-level medical decision making, if using time, at least 55 minutes
99223	Initial hospital care with moderate level of medical decision making, if using time, at least 75 minutes
99231	Subsequent hospital care with straightforward or low level of medical decision making, per day, if using time, at least 25 minutes
99232	Subsequent hospital care with moderate level of medical decision making, if using time, at least 35 minutes
99233	Subsequent hospital care with moderate level of medical decision making, if using time, at least 50 minutes
99238	Hospital discharge day management, 30 minutes or less
99239	Hospital discharge day management, more than 30 minutes